I0247333

Bayer CropScience

November 30, 2012

Document Processing Desk 6(a)(2)
Office of Pesticide Programs (7504P)
U. S. Environmental Protection Agency
Room S-4900, One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202-4501

RE: 6(a)(2) Incidents Accumulated for the Month of October 2012

Dear Sir/Madam:

Bayer CropScience
RTP
P O Box 12014
RTP, NC 27709
Tel 919 549-2000

Reportable incidents accumulated for the month of October 2012 for Bayer CropScience and Bayer Environmental Science are attached.

The information with this letter is being submitted to the EPA pursuant to the Agency's interpretation of requirements imposed on registrants by Section 6(a)(2) of FIFRA. This information does not necessarily constitute additional factual information regarding unreasonable adverse effects within the meaning of 6(a)(2). It is being submitted to enable the Agency to make its own assessment of the information.

We appreciate the extra time to properly process these reports granted by EPA. If you have questions or concerns, please do not hesitate to contact me at any time.

Sincerely,

S. Gerret Van Duyn

Gerret Van Duyn
Compliance Manager
State Regulatory and Documentation Services
919-549-2914

CC: AE Coordinator, CA Department of Pesticide Regulation
Jeanine Broughel, NY Department of Environmental Conservation

/attachment

Personal privacy information

-003

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]		Submission date. ***11/30/2012***	Contact person (if different than reporter)	Internal ID ***1053107***
	Address [redacted]			Address Phone #	
	Incident Status: ***New***	Location and date of incident ***Florence, KY*** ***USA*** ***Unknown***		Date registrant became aware of incident. ***10/06/2012***	Was incident part of larger study? ***No***

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***72155-80***	EPA Registration # (Product 2) ***Unknown***	EPA Registration # (Product 3) ***Unknown***
	A.I. (s) ***Beta-Cyfluthrin, sodium o-phenylphenate***	A.I. (s) ***Unknown***	A.I. (s) ***Unknown***
	Product 1 name ***Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (1 Gal)***	Product 2 Name ***Foggers Nonspecific***	Product 3 Name ***Bed Bug Powder Nonspecific***
	Exposed to concentrate prior to dilution? ***No***	Exposed to concentrate prior to dilution? ***No***	Exposed to concentrate prior to dilution? ***No***
	Formulation ***RTU***	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? ***Yes*** Intentional misuse? ***Yes***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	Applicator certified? ***UNK***		
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

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Brief description of incident circumstances.

Miller, Lucy Oct 6 2012 12:20PM
Caller presents a complicated history of events following a series of illnesses that she had over the past 4-5 months and is concerned that it may be linked to her husband's gross misuse of this product over that period of time, indicating (by her estimates) her husband has used fifteen (15) 1-gallon containers of this product in their home due to a suspected bed-bug infestation spraying 2 rooms / day over that time period. She also notes that he has used other (unspecified) pesticide products including those in a powder form, foggers as well as glue traps / glue pads. Although she cannot identify a specific exposure per se she indicates she seems to be able to detect some sort of odor / smell in the air and is concerned that she is somehow inhaling something that is making her ill.

In brief, since June, she has been seen at her local hospital's ER 8 times for a constellation of symptoms which have included weight loss (30# over 4-5 months), dehydration, repeated episodes of vomiting, bloody noses, alteration or loss of sense of taste, ear aches and in the past 3 weeks she has developed intermittent numbness on one side of her body involving her hand and arm (unable to describe which side) and an apparent inability to bend / move one of her legs.

She has been seen by multiple physicians over the course of this time. Routine and focused diagnostic work-ups over this period of time have identified: low WBC, anemia, low potassium, kidney stones, blood in the urine and "thickening" in two chambers of her heart by a sonogram. Despite the diagnostic work-ups no formal diagnosis has been provided, none of the pesticide products used have been implicated and one of her healthcare providers has suggested an evaluation at the Cleveland Clinic but has declined to follow up on that yet.

A: The sxs described do not fit the toxicological profile of this product when used according to labeled use. Recommend the caller continue to work w/her MD's to r/o other etiologies. If any of her MD's have questions regarding this product please have them call 24/7 for any further information. Gave cs # cb prn

Sent to lead tox.
* * * * * * * * * * * * * * * * * *
LeMaster, Steve Oct 9 2012 10:19AM
Reviewed

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 52 Year(s) Sex: Female
Occupation (if relevant)
NA</td><td>Exposure route:
Unknown route</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NO</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
Sporadic onset of multiple symptoms</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
ER/Hospital-treated & released</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Cardiovascular-Cardiac hypertrophy
Neurological-Numbness
Dermatological-Skin peeling
Gastrointestinal-Loss of Taste (Ageusia)
Gastrointestinal-Emesis/Vomiting
Heme/Hepatic-Hypokalemia
Genitourinary-Hematuria
Genitourinary-Kidney Stones
Miscellaneous-Dehydration
Miscellaneous-Weight loss
Respiratory-Nose Bleed
Heme/Hepatic-Anemia
Miscellaneous-Ear Pain
Heme/Hepatic-Leukopenia (low WBC)</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</td></tr>
<tr><td colspan="3"></td><td>Internal ID #
1053107</td></tr>
</table>

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Personal privacy information

-004

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date. ***11/30/2012***	Contact person (if different than reporter)	Internal ID ***1054705***
	Address [redacted]		Address Phone #	
	Incident Status: ***New***	Location and date of incident ***Maryville, TN*** ***USA*** ***09/25/2012***	Date registrant became aware of incident. ***10/09/2012***	Was incident part of larger study? ***No***

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***72155-80***	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s) ***Beta-Cyfluthrin, sodium o-phenylphenate***	A.I. (s)	A.I. (s)
	Product 1 name ***Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (1 Gal)***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? ***No***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation ***RTU***	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

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Brief description of incident circumstances.

Keyler, Courtney Oct 9 2012 4:13PM
warm transfer

Hx: Caller states her husband used product in their house 2 weeks ago. Caller states 3-4 days later he began to cough and wheeze. Caller's husband went to MD yesterday, xray was performed and they found fluid in the lungs. MD did not think sxs were related to product. MD prescribed husband levofloxacin, furosemide. Caller states her husband has a f/u with MD in 1 week.

A: We would not anticipate any s/sxs to develop from the exposure. Product has a wide margin of safety. When product is being sprayed and it's airborne, some people may develop non -specific sxs i.e respiratory irritation, coughing, headache. By removing oneself from the treated area, sxs typically resolve within 20 minutes. We would not expect delayed effects nor should it cause fluid in the lungs. Other causes may need to be considered. Have MD call if they have any questions. If you have any other questions or concerns please callback 24/7. Gave case #

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: ***84 Year(s)*** Sex: ***Male*** Occupation (if relevant) ***NA***	Exposure route: ***Unknown route***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NA***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***1 week or less***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***Private MD/DVM-treated & released***	List signs/symptoms/adverse effects ***Respiratory-Cough/choke*** ***Respiratory-Wheezing***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1054705

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Personal privacy information

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date. ***11/30/2012***	Contact person (if different than reporter)	Internal ID ***1061350***
	Address [redacted]		Address Phone #	
	Incident Status: ***New***	Location and date of incident ***Rochester, NY*** ***USA*** ***Unknown***	Date registrant became aware of incident. ***10/22/2012***	Was incident part of larger study? ***No***

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***72155-80***	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s) ***Beta-Cyfluthrin, sodium o-phenylphenate***	A.I. (s)	A.I. (s)
	Product 1 name ***Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (1 Gal)***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? ***No***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation ***RTU***	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Unknown***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information
Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Brief description of incident circumstances.

Nordaune, Abby Oct 22 2012 9:33AM
Hx: Caller is an MD who states that his patient arrived 1day prior to the call with an intraventricular hemorrhage. She was intubated upon arrival. A bottle of the product (size unk) was found in the room with her and a family member states she had been spraying prior to being found. It is unk when she used the product or if and how she could have come into contact with it. Caller would like to know if anything like her sxs have been reported in the past and what would be expected from an exposure. He states she is heading toward end-of-life care at the time of the call. He does not have the product with him at the time of the call.

A: Advised caller of the wide-margin of safety of permethrin-based products. If she got it on her skin, it would not be expected to absorb systemically from a casual exposure, although it may cause transient skin irritation, and may cause transient GI upset if ingested. If breathed in it could cause transient respiratory irritation. However, with normal use as directed, we would not expect to see adverse health effects. This information will be documented and reported for the company. Provided caller with case # and advised to cb 24/7 prn with further questions or concerns.
****
LeMaster, Steve Oct 22 2012 3:27PM
Call to MD at: [redacted]

Reports that this is a 52 y/o F who lives with her sister and has a h/o HTN, asthma and a vague history of a single seizure at some time in the past and according to records takes Lisinopril Amlodipine and Certraline. She was in her usual state of health yesterday when she began to feel progressively ill over the course of several hours initially c/o nausea, some vomiting and suddenly becoming unresponsive and having seizure activity (unknown if status vs. multiple repeated seizures). EMS was immediately notified and was transported to hospital. She is currently unresponsive on a ventilator and other life support.

CT scan of the brain shows an intra-ventricular hemorrhage. Further consult and imaging studies by neuro-surgery group is investigating if there were underlying brain structural issues that pre-dated this event that can be identified however there is apparently no family history of such events.

She remains on life support Her prognosis has been listed as 'poor' and family is in consult with hospital staff regarding 'end of life care' in general

Her use / exposure to the product is unclear (if any). It is known that she had been spraying this product around the house recently due to some sort of pest infestation though other details of product use or any exposure to it are not known.

They have a copy of the MSDS for product and Neuro-surgery group asked him to attempt to determine if any use/exposure may be associated with the effects that she had. There is no allegation that product is involved just that it was found at the scene / in the home and wanted to ensure they had been through in their investigation.

EPA REG#: 72155-80 (per caller)

A: Agreed with previous specialists assessment and there is no indication that product would be involved with the effects noted. If additional questions arise, please do call back - provided caller my name and direct # at SCI as well as the case# to reference.

Call to Bob Montano at Bayer - LM on VM as the the case at this time. Will forward report as well.

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 52 Year(s) Sex: Female
Occupation (if relevant)
NA</td><td>Exposure route:
Unknown route</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NO</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
Unable to determine</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
ER/Hospital-admitted</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Gastrointestinal-Nausea
Gastrointestinal-Emesis/Vomiting
Neurological-Intracranial Bleed
Neurological-Seizure (Pattern Unknown)</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HB</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1061350</td></tr>
</table>

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date. ***11/30/2012***	Contact person (if different than reporter)	Internal ID ***1062114***
	Address [redacted]		Address Phone #	
	Incident Status: ***New***	Location and date of incident ***Colleen, TX*** ***USA*** ***10/23/2012***	Date registrant became aware of incident. ***10/23/2012***	Was incident part of larger study? ***No***

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***72155-80***	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s) ***Beta-Cyfluthrin, sodium o-phenylphenate***	A.I. (s)	A.I. (s)
	Product 1 name ***Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (1 Gal)***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? ***No***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

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Brief description of incident circumstances.

Ferguson, Anna Oct 23 2012 12:18PM
Hx: Caller states that her 2 yo son was caught holding the product container about 15 min ago. Product was all about the floor and child's breath and body smelled of it. Child has since been given a bath. Child has welts forming on his back and swelling about his eyes. Eyes are red, and child says that they hurt.

A: The product may be irritating to the eyes, skin, or mouth, or upsetting to the stomach, but is not expected to cause significant problems. Recommend rinsing eyes and skin for 10-15 min with running water, rinsing mouth, and having child drink fluids. Keep away from ocular strains like bright light for several hours. Avoid OTC eyedrops. Skin may be treated with cold compress/aloe/vit E oil. Observe for vomiting, diarrhea, lethargy, or other sx. If any new or unexpected symptoms develop or the symptoms are not improving or resolving as we have discussed, please contact us 24/7 so that we can advise on further treatment or determine if referral to a healthcare professional might be needed.
****
Ferguson, Anna Oct 23 2012 12:21PM
Addendum to notes: CRC transfer
****
Yeager, Greg Oct 24 2012 12:50PM
CB complete. Caller gave him another bath, and sxs began to improve. Sxs resolved completely later that evening.

If any new or unexpected symptoms develop, please contact us 24/7 and refer to your reference number so that we can advise on further treatment or determine if referral to a healthcare professional might be needed.

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: ***2 Year(s)*** Sex: ***Male*** Occupation (if relevant) ***NA***	Exposure route: ***Unknown route***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NA***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***30 min or less***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***None***	List signs/symptoms/adverse effects ***Dermatological-Edema/Swelling*** ***Dermatological-Hives/Welts*** ***Ocular-Ocular irritation/pain*** ***Ocular-Redness/Conjunctivitis***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1062114

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Personal privacy information

-011

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]		Submission date. ***11/30/2012***	Contact person (if different than reporter)	Internal ID ***1065191-1***
	Address [redacted]			Address Phone #	
	Incident Status: ***New***	Location and date of incident ***Daytona Beach, FL USA*** ***Chronic: >1 month <= 3 months***		Date registrant became aware of incident. ***10/29/2012***	Was incident part of larger study? ***No***
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***72155-80***		EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s) ***Beta-Cyfluthrin, sodium o-phenylphenate***		A.I. (s)		A.I. (s)
	Product 1 name ***Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (1 Gal)***		Product 2 Name ***Insect foggers***		Product 3 Name
	Exposed to concentrate prior to dilution? ***No***		Exposed to concentrate prior to dilution? ***No***		Exposed to concentrate prior to dilution?
	Formulation		Formulation		Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***	
	Applicator certified? ***UNK***				
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***				

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Brief description of incident circumstances.

Ferguson, Anna Oct 29 2012 9:23AM
CRC transfer: CS representative has explained that the product should be used as a crack/crevasse spray in well-ventilated areas only.

Hx: Caller and her husband have been trying to rid their home of insects for the past 2 months, first using foggers, and then beginning use of Home Pest plus Germ Killer about 1-1.5 months ago. This product was used every 2 days or so in the kitchen. Product was also sprayed under the house 4-5 days ago. For about the past 2 months, caller has found that when she wakes up in the morning, she has respiratory irritation and phlegmy cough. Since then, she has found that sx last throughout the day. She has been seen by MD x2, diagnosed with upper respiratory infection, and treated with Z-pack and amoxicillin. Sx have not improved.

Caller's husband had cough quickly after spraying the product about the divider between their kitchen and living room. This occurred some time last week, and he continues to cough at night.

A: The Home Pest product may be irritating to the respiratory tract, but is not expected to cause lasting problems. Recommend d/c use and ventilating the area. If sx persist or worsen, continue working with MD, and have MD call with product-related questions.

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 61 Year(s) Sex: Female
Occupation (if relevant)
NA</td><td>Exposure route:
Unknown route</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NO</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
Unable to determine</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
Private MD/DVM-treated & released</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Respiratory-Cough/choke
Respiratory-Respiratory irritation</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Chronic: >1 month <= 3 months
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1065191-1</td></tr>
</table>

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